

## **Department of Consumer Affairs** Justification for Reimbursement for Postage Charges (this form <u>must</u> be submitted with travel claim)

Claimants Name: (please type or print)						
Claimants Te	lephone Number:					
Explaination of charges. Include case name and number if Enforcement related.						
DATE	PERSON/LOCATION MAILED	REASON FOR POSTAGE	AMOUNT OF			

DATE	PERSON/LOCATION MAILED	REASON FOR POSTAGE	AMOUNT OF CHARGES